

By Express Mail #EV273337960US

Attorney Docket No.: **5434-5**

Check box if applicable: ☐ **DUPLICATE**

**UTILITY PATENT APPLICATION TRANSMITTAL**

*Submit an original and a duplicate for fee processing*

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))



Dated: November 3, 2003

Mail Stop **Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor(s): Jamie CRAWFORD, Frank FRANCAVILLA, Roger GROSKOPF

For: Safety Device For A Syringe

Enclosed are:

- Transmittal letter **(2x)** with Fee Computation Sheet
- General Authorization For Payment of Fees **(2x)**
- Title Page, Specification, Claims 1 to 43 & Abstract (31 pages [total number of pages of application])
- Executed Declaration and Power of Attorney (3 p.)
- 10 sheet(s) of drawing(s) (Figs. 1 to 16)
- Check for \$ **1090** for filing fee
- Assignment of the invention to **Becton, Dickinson & Company**
- Recordation Cover Sheet (PTO-1595)
- Check for \$ **40.00** for Assignment Recording Fee
- Return Receipt Postcard

This application is to be assigned to: **Becton, Dickinson & Company**

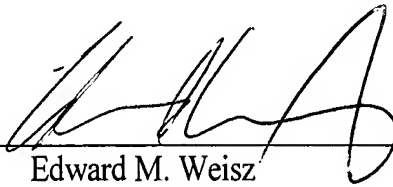
☐ Please charge my Deposit Account No. 03-2412 in the amount of \$\_. A duplicate copy of this sheet is enclosed.

By Express Mail #EV273337960US

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

☐ Priority is claimed for this invention and application, corresponding applications having been filed in on , No. , on , No. , on , No. , on , No. , on , No. , on , No. , respectively.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

By:   
Edward M. Weisz  
Reg. No. 37,257

551 Fifth Avenue, Suite 1210  
New York, New York 10176  
Tel: (212) 687-2770  
Fax: (212) 972-5487

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

Jamie CRAWFORD et al.

Serial No.: n/a

Filed: concurrently

For: Safety Device For A Syringe

Check box if applicable:

☐ DUPLICATE

**GENERAL AUTHORIZATION FOR PAYMENT OF FEES  
AND PETITIONS FOR EXTENSIONS OF TIME**

*Submit an original and a duplicate for fee processing*

**Mail Stop Patent Application**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

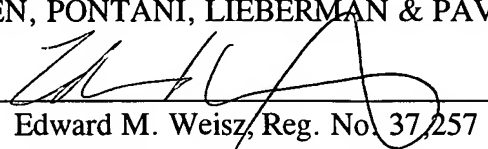
Sir:

The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03-2412

- [X] Any filing fees required under 37 CFR §1.16.
- [X] Any patent application processing fees under 37 CFR §1.17 not otherwise paid by check.
- [X] The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- [X] Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

By

  
Edward M. Weisz, Reg. No. 37,257  
551 Fifth Avenue, Suite 1210  
New York, New York 10176  
(212) 687-2770

Dated: November 3, 2003

By Express Mail #EV273337960US

Attorney Docket No.: 5434-5

# **FILING FEE COMPUTATION SHEET**

*Submit an original and a duplicate for fee processing*

Dated: November 3, 2003

Mail Stop **Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**In re Application of: Jamie CRAWFORD et al.**  
**For: Safety Device For A Syringe**

The filing fee has been calculated as shown below:

FOR:	Col. 1	Col. 2	SMALL ENTITY	OTHER THAN SMALL ENTITY
	# FILED	# EXTRA		
BASIC FEE			\$378	\$770
TOTAL CLAIMS	<u>43</u> - 20 =	<u>13</u>	x 9 = \$	x 18 = \$234
INDEPENDENT CLAIMS	<u>4</u> - 3 =	<u>1</u>	x 43 = \$	x 86 = \$86
<input type="checkbox"/> MULTIPLE DEPENDENCY			+\$145 = \$	+290 \$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL: \$	\$1090